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ABSTRACT

A discussion of the role of the teacher in the Cornerstone School, a therapeutic nursery school, is presented. The school is an analytically oriented, remedial program for young children who have lived under special stress situations. Emphasis is on prevention of serious emotional problems through early treatment. In the classroom, a therapist carries out an interpretive process with each child individually while the teacher runs the educational program. The roles of the teacher and therapist are clearly differentiated, and the 6-8 children in the class are helped to understand the difference in roles. The teacher is responsible for creating an atmosphere of open communication, straightforwardness, and clarity. An important part of the teacher role is to report information, based on day-to-day observation, to the therapist. Also, the teachers handle much of the communication with parents, through home visits and conferences. (DP)

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THE UNIQUE FUNCTION OF THE TEACHER IN AN EXPERIMENTAL THERAPEUTIC NURSERY SCHOOL

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This paper will explore the varying roles the teacher assumes as an educator and as a team member working in tandem with a therapist who carries out an interpretive process simultaneously in a classroom setting.

THE PROGRAM

The multi-disciplinary classroom setting of the experiment is in the Cornerstone School established in 1965 and a project of The Center for Preventive Psychiatry, a non-profit community agency in White Plains, New York. Here individual analytically oriented psychotherapy is carried out with six to eight preschool children or kindergarten children with two teachers and a therapist. The classroom is designed as a regular nursery school setting with paints, dough, blocks, crafts, doll corner, water play, games, workbench, and book corner.

The group meets four days a week for two and a half hours, the therapist being in the classroom one and a half hours each day. The teachers in the program are certified nursery school teachers with training in special education. In addition to the teacher and the assistant teacher there is

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usually a student aide from a nearby college who is supervised by the team. The adult-child ratio therefore is approximately two to one. The teachers work with the children and the therapist moves from child to child doing the interpretive work according to the child's readiness to engage with the therapist. He moves on to the next child after 20 minutes or when, despite interpretation of resistance, the child has reached his limits of useful work for the moment. The teacher then moves back to support the child in the transition and helps him to move back into the group.

The educational program tends to consist of constructive free play for that ninety minute part of the day when the therapist is present. Clean-up, juice and storytime, and outdoor time usually follow after the therapist's departure. The children have free access to the adjoining outdoor area. There is flexibility in this program according to the needs of a child or the group.

The population of the group consists of children of approximately three to six years of age who have lived in special stress situations such as divorce, death of a parent, separation, emotional or physical illness of a family member, or children in early stages of emotional illness. Prevention and early treatment are the aims. The families are referred by other community agencies, physicians, schools or by other families. There are children who have been bereaved, molested or abused, others who show evidence of early learning difficulties, developmental lag, and some who may be pseudo-retarded. There are a few children with psychological or behavioral difficulties who cannot be maintained in other schools, or children who have evidenced great difficulty in separating from their mothers.

There is a considerable age span in the classroom due to the differences in pathology and developmental level of these children. Because of these children's heterogeneous difficulties chronological grouping was not felt to be advantageous. It was found additionally that mixing the ages was very useful to the treatment in terms of understanding the child's perception of his place in the family, sibling relationships, etc.

The teacher is supervised by the therapist, and by the educational director on a regular scheduled basis both in her classroom work and in her parent guidance work. There are weekly seminars where the entire method is continuously evaluated by the medical director as well as by the entire staff. Research projects connected to the program are also considered a part of each seminar.

THE FUNCTIONS

The roles of the Cornerstone teacher in the classroom are many. She has roles as a reality oriented educator, as communicator between the patient and the therapist, as a stimulator, receptor and observer of communications and behavior, and as an observer of responses to interpretations when those responses occur after the therapist has left the classroom.

Essential to the Cornerstone method is clarification of the roles of the teacher and the therapist. The children are helped to understand the differences between the roles of the teachers and the therapist. The children learn the therapist is there to interpret and clarify the child's behavior and thoughts. The teacher is there for educational, in the broadest sense, as well as disciplinary tasks. The clear understanding one child evidenced of this was as he finished a block building he said to the teacher, "It's my turn to be with Dr. K." He pulled a rocking chair over to Dr. K.

who was sitting nearby and said to him, "Let's work," and then began to talk about his dream of the previous night.

THE EDUCATOR

The therapeutic teacher is responsible for providing a program designed to promote the social, emotional, physical and cognitive development of each child. In this setting the therapeutic teacher additionally assumes the responsibility of role of educator including limiting the child, freeing the therapist to do his interpretive work without the complication of such responsibilities. The teacher helps build ego techniques. For example, she may help a child learn how to wait or how to share. The therapist will not teach but will interpret a difficulty in sharing or waiting, the more so as the child becomes increasingly aware of the functions of sharing and waiting. The teacher limits the child who wants to challenge the safety of the group. The therapist interprets the motive for provocation and the associated fantasies of abandonment or injury. The opportunity to work daily in such tandem in a nursery school is unique to this method. It resembles the use of life-space interviews in psychiatric hospitals. The teacher describes what is real and what is fact for the borderline psychotic, immature or regressed child. The therapist is freed to interpret the child's feelings, fantasies, and reactions. The educational program additionally consists of helping the child to explore the real world around him, with all the ramifications of learning to develop logic, order and problem solving ability as related to his world.

The children are accepted at the developmental level at which they come and are helped to appreciate the abilities they bring, much as in a regular preschool program. They are helped by the teacher to function and learn in a

social atmosphere and to be able to function in group activities.

LINE OF COMMUNICATION

Communication between the teacher and therapist is continuous, ongoing and on the spot. The child knows that whatever he tells the teacher will be communicated to the therapist and that the therapist continually keeps the teacher informed of general trends of his work. All this is integral to the therapeutic work with the child. Knowing this, some children find it easier to talk to the teacher rather than to the therapist. There was a little girl who sat on one side of the teacher with the therapist on the other side of the teacher, and she would say, "Don't tell him about my dream last night," knowing that the therapist would readily hear this. She thereby used the teacher as an acceptable and receptive intermediary. Another child was very fearful of the therapist and of what the therapist was going to talk about (feelings about the loss of her mother), but could use the therapist's interpretations well while sitting on the teacher's lap.

STIMULATOR AND REPORTER OF COMMUNICATIONS

The teacher provides for receptive communications by being reliable, accepting and honest and by setting a climate conducive to expressive play communication. In order to set the stage for communication it is the teacher's responsibility to create a climate of open communication, straightforward and free from ambiguity. For instance, it is important for this reason to acknowledge absences of classmates or staff members. It is important to say hello or goodbye to anyone coming in and to clarify the purpose for the visit. Similarly it is extremely important in the specific treatment of a particular child to acknowledge all the child-perceivable realities around him, such as being able to see his mother's car parked

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outside the classroom window. Unwillingness to go along with ambiguous classroom staff communications, or any adult conspiracy to keep a child from hearing or seeing clearly classroom communications with parents, all become part of the establishment of a model of open communications.

The teacher encourages and supports the child's sublimations when the child draws a picture or involves himself in dramatic play. She shows genuine interest and thus helps to elicit the child's ideas. This type of education enhances the therapeutic process while making the child know that self-expression and gathering knowledge is an important part of his life as well as important to therapeutic work.

OBSERVER

One of the phenomena on which the Cornerstone method depends is that once an unconsciously driven theme begins to emerge it tends to continue a long time. The interpretive therapist may spend only fifteen or twenty minutes with each child on a given day. Yet the child remains in the classroom for two and a half hours. Because, in many cases, the themes of the treatment's working themes continue to emerge for a great part of that time, the teacher is performing a unique function of prolonging professional observation of highly specific treatment related expressions. She is perhaps multiplying the duration of observation by a factor of two or threefold and certainly beyond that of a typical fifty minute individual session. Further there tends to be in many patient's mental lives a deepening of communication as the theme proceeds chronologically in its expression. Not only are elaborations and derivatives of the same theme expressed but often historical sources of the theme may arise into conscious expression. One example is a child who had been speaking in a symbolic way about masturbatory activity and castration anxiety with the classroom therapist. He proceeded

an hour later to tell the teacher that he was worried about touching his own penis. He was earlier unable to express this specific concern about his own body and had been doing so with the therapist in disguised ways involving buildings falling down and being broken by pinching lobsters. In that session, the teacher, understanding the content of the work, was able to communicate the material immediately to the therapist for his further understanding and interpretation.

A unique collaboration between teacher and the interpretive therapist occurs along intellectually inhibited children. Just as the therapist is interpretively releasing the child from inhibition, instead of raw aggressive activity being released, the teacher may help the child to sublimate in a channeled way suitable to the individual needs of that child's newly available energy. An example is the case of a child who was retarded to the point of seeming imbecility but responded to interpretations by showing marked eye contact and interest in other human beings. She began to scream for attention and would become bullying. This energy was put to work by teachers who utilized her budding interest in the outer world by channeling it into creative and intellectual pursuits, particularly painting, storytelling and reading. The child now is the best reader in her second grade in a large metropolitan school system. Apparently the educational and interpretive processes had a synergistic effect. The therapist would have been handicapped in the interpretive process if he had to, at the same time, teach the child to speak, read, and write. On the other hand, the teacher would have had no access to the necessary energies of the inhibited child.

OBSERVATIONS AND CONFIRMATIONS OF INTERPRETATIONS

Because the teacher is constantly nearby during the child's interpretive therapy she is able to observe and understand much of his play before and after the therapist's work with him. She can recognize many confirmative or responsive elaborations of particular interpretations through the child's play or words. She is able, usually far better than the child's own parent, to receive and communicate these observations succinctly to the therapist on the spot or before the next session.

A child of this age may be able to ally himself with or to tolerate only a few minutes of work with the therapist at a given time. Also his resistance is occasionally too high for useful direct continuation of work with the therapist. The therapist will then move temporarily to another child, with the teacher supporting the first child, often helping him to sublimatively express the same themes with which he had been working analytically. The therapist later in the session may return to the now more tolerant, less resistive, or more treatment seeking child for another period of time. The possibility to dose therapeutic interventions with young children according to their accessibility, resistance, tolerance and attention span is one of the special features of this method.

After the therapist leaves, the teacher often observes confirmations of interpretations. She will always observe what the children do when the therapist leaves the classroom. After in individual treatment, a mother takes a child home at the end of fifty minutes, and there is scant opportunity to learn his reactions to interpretations or discussions. Here the teachers have the opportunity to follow up observations of what happened. The themes are very often closely connected to the work that was done, so that there is a precise record of some of these confirmations and elaborations

of themes or the continuity of theme, and the material is available daily rather than during an occasional parent visit.

AID TO THERAPIST'S MEMORY AND OBSERVATIONS

The teacher becomes so attuned to the work that she is often useful to the therapist's memory and is an active observer of his work. Time and again the therapist is grateful to have the teacher pick up a lapse of either observation or of memory. Equally the therapist is very useful to the teacher in helping her to observe herself and the way in which she works with the children.

HOME VISITS

It is the teacher's role to go on a home visit on a regular basis before the beginning of school to each child. She becomes the bridge between home and school facilitating the separation, which is a very important part of the work, and she achieves a greater insight into the everyday life of the child through her observations.

TEACHER DOES NOT INTERPRET

It is important to stress that the teacher does not ever do interpretation. She works strictly on an educational, current reality-oriented basis, translating her psychological understanding of the child into educational terms. She will help the child observe and verbalize his own behavior, may confront him with realities, and educate him about the existence of an observed form or range of his emotions, or bring him new knowledge of the world. The therapist interprets the child's ideas, play and emotions, their causes and effects. All interpretations whether

dynamic, genetic, transference or any other type are left to him.

PARENT CONFERENCES

The therapeutic nursery teacher's weekly parent conferences have three main functions: receiving information about current family events, giving educationally oriented developmental guidance, and giving support to the parents or parent surrogates. The parent conferences are on an individual basis. The teacher sees the parents (mother and father, if possible) once a week, the therapist sees them once a month. Current information, current events, events remembered of earlier importance are reported on this weekly basis to the teacher and are transmitted for use by the therapist in his daily work with the child, and in his monthly sessions with the parents. The child knows that Mommy (or whoever sees the teacher) sees the teacher regularly and that the teacher and therapist share information directly with his parents. The teacher helps the parents understand the needs of the child, especially to cope with the child's developmental process. Some parents must be helped to know what is normal development, and what is something that is peculiar to their child. The parent is helped to learn to cope with the child's difficulties as well as changes on a day to day basis. We have found that many parents have a very difficult time accepting the changes toward health. The child's ability to deal with his family members in a positive way is promoted through support of positive parental response. The parents' feelings of frustration and anger at the child are ventilated and accepted by the teacher. An important ramification of the teacher's role in such conferences is that she is supportive of the therapeutic process by helping the parents to understand and to continue to participate in the therapy of the child. She can accept and work

with the parents' concern about or criticism of the therapist. The parent has somewhere to go with her feelings about the therapist. Criticisms or concerns about the other children, or the program are also dealt with and accepted, thus helping insure continuity of the therapy. The conferences aim to include and coordinate with mothers, father, grandparents, social agencies, any other surrogate parents or other schools directly involved in the day to day dealings with the child. Further through her daily contact when the child is brought to the school, as well as for weekly parent conferences, the teacher serves as a model of a good parent to worried frightened parents who have a difficult, puzzling or slow developing child. The fact that someone else can accept the child, have genuine affection and feeling for the child and still be able to modify his behavior becomes an important model for frightened, discouraged and angry parents. Further the teacher can demonstrate appropriate and effective modes of responding to the child. More realistic expectations and perceptions of the child can be gained through the eyes of an interested concerned teacher.

In studying the unique contribution of the specific roles of the teacher in a therapeutic nursery school, we may show how psychoanalytically oriented psychotherapy with very young children can be simultaneous with, complemented and synergized by the systematic use of teachers as highly contributing team members.